MENTAL HEALTH AND WELLNESS CLINICAL ISSUES FOR REFUGEES AND IMMIGRANTS TO THE USA: Clinical Care Implications

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About our agency: Vision Statement

- Sebastian Family Psychology Practice, LLC envisions itself as evolving into a vibrant, progressive, outcomes-oriented outpatient behavioral health clinic in the Metro Milwaukee area. The clientele are drawn from various ethnic backgrounds, including refugees and immigrants. The clinic aims at positively participating in nurturing the transformation, healing and empowerment process of individual and family lives entrusted to our care. This agency utilizes a community and family-based approach that fosters collaborations and partnerships based on the combined strengths and potential of the stakeholders.

About our agency: Mission Statement

- Sebastian Family Psychology Practice, LLC actively strives for a coordinated progressive delivery of competent clinical behavioral health services to a diverse clientele served by a multicultural and multi-specialty staff. Best practices will be drawn from advanced knowledge in psychiatry, psychology, social work, and other allied sciences that promote total health and wellness.

About our agency: Staff and Languages

- Gradually, the clinic has convened a team of mental health and AODA independent practitioners, whose ethnic and academic backgrounds are diverse in disciplines and broad in expertise. These include psychiatrists (child and adult specialties) who are also addictionologists; psychotherapists; psychologists; case aides; parenting assistants; and bilingual staff as well as interpreters in Spanish, Hmong, Serbian Bosnian, Croatian, Russian, French, Swahili, Somali and Somali Bantu languages.

About our agency: Range of Services

- Main stream services
- Refugee/Immigrant services

- Psychiatric evaluation & medication management
- Individual Therapy (Mental health and substance abuse)
- Group Therapy
- Case management
- Parenting assistant
- Translation/interpretation

Differences and Similarities between "Refugee" and "immigrant" status

- When directly resettled by the U.S. government via the refugee resettlement agencies, nationwide, that is a refugee, per UNHCR criteria
- When adjustment of status via asylum application, that is an asylee
- When adjustment of status via marriage, family reunification, employment, other lawful means, that is an immigrant status. Refugees and asylees, have to apply for citizenship and thus join the ranks for immigrants within their sub-communities.

About our agency: Who are the refugees/immigrants that we serve?

- Hmong, Burmes, Africans, Bosnians, Croatians, Serbians, Middle Easterners; Palestinians, Afghanistan, Russians (and those from other former Russian territories)

Reasons why people immigrate or seek refugee status to the U.S.A/other parts of the world:

- War, the main cause why people feel threatened and are forced to free
- Political repression, prejudice and hatred
- Religious intolerance
- A fundamental defilement of the relationship patterns that are essential for an integral self and a functional society.
- The critical connection between broken relationships, broken society, and mental illness among refugees/immigrants
- Why therefore should the resettlement process be mindful of how to promote reformulation of the disintegrated selves
- The challenges facing medical/health care workers in serving refugees and immigrants

Map of Laos


China
Burma
Vietnam
China
Thailand
Cambodia
Gulf of Tonkin
102°
106°
20°
16°
Mekong R.
Nam On R.
Red R.
Zuo R.
Song Cau R.
Black R.
Song Ma R.
Nam Sam R.
Nam Tha R.
Song Ca R.
Mae Nam Nan R.
Nam Ngun R.
Nam Theun R.
Lam Nam Chi R.
Mae Nam Mun R.
Mae Nom Pa Sak R.
Xé Banghiang R.
Xé Kong R.
Muang Ou Tai
Phôngsali
Louang-Namtha
Muang Khoua
Ben Nambak
Muang Xay
Muang Het
Muang Xon
Xam Nua
Hanoi
Ban Houayxay
Muang Houn
Louangphrabang
Muang Pakbêng
Muang Hôngsa
Ban Ban
Xiangkhoang
Muang Xaignabouri
Muang Thathôm
Muang Vangviang
Maung Phônhông
Muang Pakxan
Ban Napé
Mu-ang Paklay
Vientiane
Ban Lakxao
Ban Na Phao
Muang Khammouan
Muang Xépôn
Ban Xénô
Savannakhét
Muang Phin
Ban Bak
Saravan
Muang Khongxédôn
Chavan
Lamam
Champasak
Xé Kong R.
Pakxé
Attapu
Muang Không
Laos
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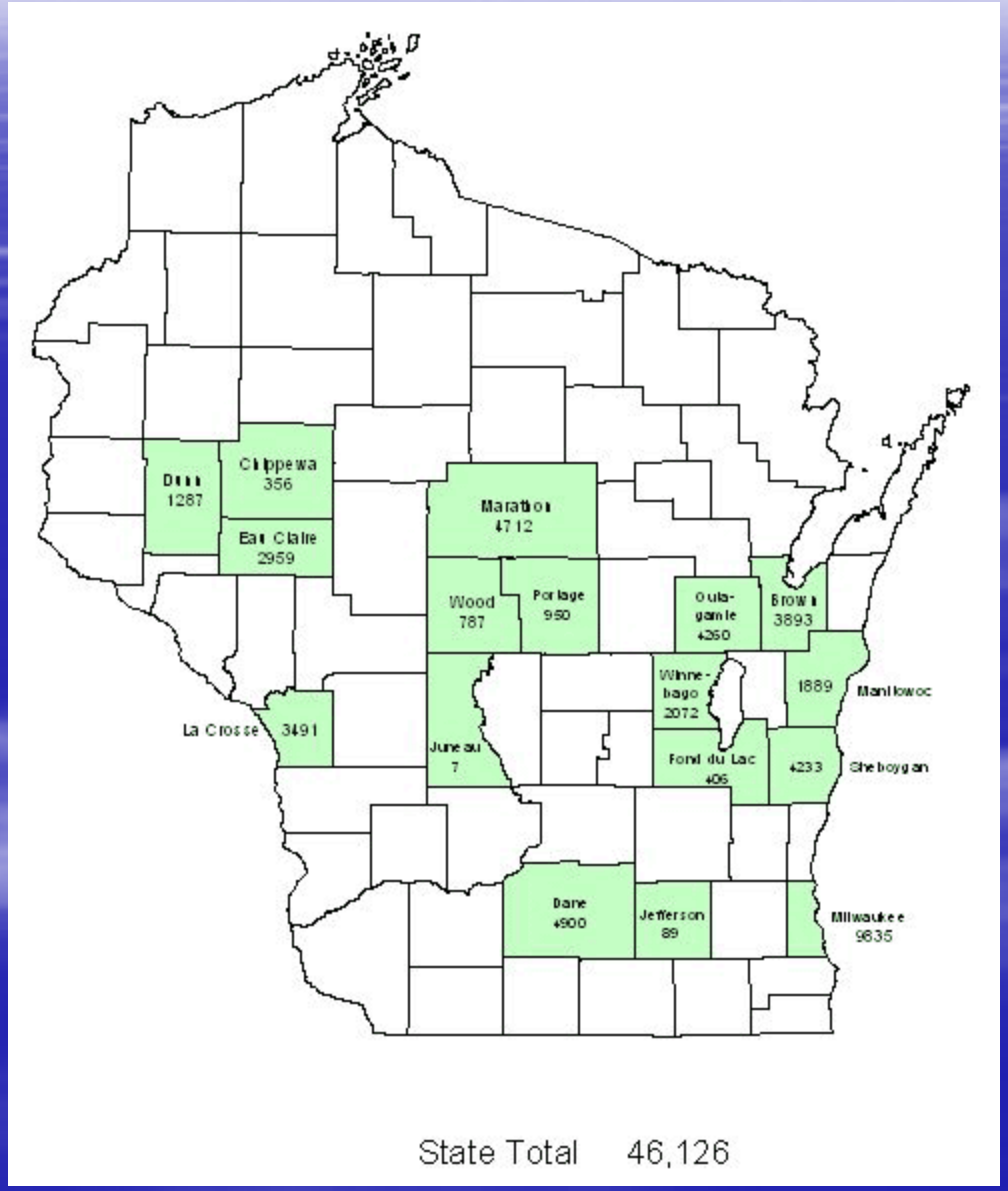
(805) 685-3100 www.maps.com

Hmong Demographic in WI



Former Yugoslavia

http://travel.yahoo.com/p-travelguide-577604-map_of_europe-i

Map of Africa

Map of Uganda

Iraq

- 7,000 anticipated to resettle in USA
- Political barriers to affect this quickly

Stages of Stressors faced by Refugee/Immigrants

- Stage 1: Influenced by pre-migration disruptions (War, killing, torture, sexual assault, fleeing, camp life experience)
- Stage 2: Process of migration (UN processing, medical exams/treatment for diseases, flight arrangements, loss of family and relationships, survivor's guilt)
- Stage 3: Resettlement Stress (Status documents, housing, money/employment, W-2, school, racism/discrimination, medical/mental health problems, language and transportation limitation)
- Stage 4: Recent stressful events (Assimilation/acculturation, parenting problems and family relationships,, maintaining employments, role reversal, social isolation, pressure to support relative in native country)

* Sack, Clarke, and Seely (1996)

Mental Health/Wellness Risk Factors for Refugees/Immigrants

- 1: Cultural biases against seeking help outside the family or familiar allies delay access to mental heath care
- 2: Psychiatric care sought only in extreme distress, and initiated by family or outsiders
- 3: Resettlement stress as indicated above severely burdens psychological coping skills
- 4: Assimilation/acculturation pressures increase vulnerability
- 5:Maintaining meaningful employment can be very distressing
- 6: Role reversals in households, social isolation,
- 7: Pressures to financially support relatives in countries of origin, lead to complications in negotiating fair handling of relative/family responsibilities in the USA and countries of origin. The burden of high expectations to succeed in the USA. Hence the adjustment processes are complex.

Adjustment Issues

- Research generally supports a view that increased mental health challenges within immigrant and refugee populations develop largely due to matters of strained adjustment

- In one controlled study involving children, findings were used to suggest that heightened mental health concerns within refugee population were attributable to psychosocial factors (Howard & Hodes, 2000)

- Such perspectives are further supported by research findings in which the provision of support to refugee populations has been shown to impact upon a reduction of mental health challenges within identified refugee populations. For instance;

  Almedom (2004) has found that the provision of humanitarian aid mitigates the development of adverse mental health challenges amongst immigrants

- Research has also suggested that mental health challenges within immigrant and refugee populations develop relative to the process of acculturation
- Acculturation has been identified by researchers as being a stressful process that offers its own set of psychosocial demands upon the immigrant (Sam & Berry, 1993, Thomas, 1995)

Anxiety

- Immigrant and refugee populations have been consistently found to experienced heightened levels of anxiety

  Research on Hmong (Westermeyer, 1995), Vietnamese (Birman & Tran, 2008), Iraqi (Jamil et al, 2007), and Bosnian refugee populations (Sundquist et al, 2005) have each recently identified the prevalence of anxiety concerns within these respective groups

Anxiety Clinical issues continued

- Cross-cultural studies have also identified the prevalence of anxiety symptoms within refugee populations (Gerritsen, 2006; Faze & Stein, 2000).

- Specifically, the investigation of PTSD symptoms within populations exposed to war-trauma has constituted a considerable research focus (e.g. Daud et al, 2008; Heptinstall et al, 2004; Cardozo et al 2004; Matsunaga et al, 2006; Momartin et al, 2003)

Anxiety

- Outcomes of this body of research suggest that exposure to war-trauma can have far-reaching impacts upon refugees, including;

Anxiety syndrome complications

* personality development (Daud et al, 2008)
* broad impairment of both physical as well as mental health (Gerritsen et al, 2006)
* the long-term development of feelings of helplessness and purposelessness (Matsunaga et al, 2006)
* Somatic symptoms (Van Ommeran et al, 2002)
* & the co-morbid expression of depressive as well as PTSD symptoms (Hepinstall et al, 2004)

- The growing base of research on the expression of anxiety symptoms within refugee populations, has suggested the presence of culturally relative symptoms of anxiety. Included in this body of research is:

Anxiety indicators

- • The presence of panic attacks and flashbacks, sleep paralysis, and anger-related panic amongst Cambodian Refugees (Hinton et al, 2007; Hinton et al, 2005; Hinton et al, 2003)
- • Orthostatic symptoms experienced by Vietnamese refugees (Hinton et al, 2007)
- • Somatic panic-attacks amongst Rwandan widows (Hagenimana et al, 2003)
- Paralysis-type panic attacks and olfactory panic attacks in Khmer refugees (Hinton et al, 2004; Hinton et al, 2005).

Our Clinical lessons

- Taken collectively, such research points to the adverse impact exposure to traumatic situations can be seen to have upon refugee populations AND the role that culture can be seen to play upon the varied expression of anxiety symptoms
- Now lets review the manifestations of depression

Our Clinical lessons

- Our own experience based findings reveal pervasive sleep-related problems in all refugee/immigrant groups; followed by functional anxiety over survival needs for themselves and families here and back
- Somatization is frequently a medium of expressing pervasive anxiety (headaches, body aches, stomach problems, dizziness, etc)

Depression

Depression has been consistently identified in the research on mental health challenges of refugee and immigrant populations(e.g. Fazel & Stein, 2002; Gerritsan et al, 2006; Hepstinall et al, 2004)

This research base has offered some insight into the development of depression amongst refugee population/immigrant populations. For instance:

- • Within a population of child refugees from Dafur, depression has been found to be significantly correlated with degree of exposure to war-trauma (Morgos et al, 2007)
- • Research findings of Morgos and colleagues suggest a strong relationship between depression and; being raped, seeing others raped, and being forced to fight or kill family members
- Amongst Vietnamese refugees living in the states, depression has been correlated with; old age, being a veteran, being unattached, and having limited English (Hinton et al, 1997).

- Nelson and colleagues (2004) have identified a relationship between depression and: old age, unemployment, and lack of social support in Yugoslavian refugees
- Research with African refugees in Ontario found significant increase in depressive rates as associated with: younger age, exposure to pre-migration trauma, refugee camp internment, and post-migration stress (Fenta et al, 2004)
- (&) Hepinstall and colleagues (2004) have identified a relationship between depression and; insecure asylum status, and financial problems.

Depression and Suicidal risks

- **Suicidal behavior** has also been identified as being a risk for some refugee populations. *However,* research has generally suggested suicidal behavior as being culturally relative, with different rates and trends evidenced across varying ethnic groups (Bhui et al, 2007)

1. Adjustment related depression and anxiety is normal within refugee and immigrants groups as predicted by the pre-migration, during migration and post migration stages
2. Complicated adjustment increases the risk for clinical depression, especially for the most vulnerable

Our Clinical lessons continued

- 3.Depression and suicide have been correlated with intimate partner and domestic violence. High profile cases among Hmong, African, South East Asian groups.
- 4.These developments are preceded with real or perceived loss on locus of control, threatened self-efficacy and self-esteem
- 5. Research-based correlations between poverty mental and medical health complications, are also true for refugee/immigrant groups.
- Now let's review severe mental illness manifestations.

Severe Mental Illness

- Research has also supported the role profound social and political discordance resulting in mass-trauma can have in promoting psychotic reactions in a population:

- For Instance, Cambodian refugees made to endure the Pol Pot regime have been the subject of research into the sequele of symptoms including the expression of psychotic symptoms within persecuted groups (Read et al, 2005)

Severe mental illness

- Other findings have suggested that the rates of schizophrenia are lowest (in comparison to the native-born population) in immigrant populations, when the sending and receiving countries are socially and culturally similar (Kinzie, 2006).

- Such findings further point to the broad impact issues of adjustment seem to have upon mental health manifestations for refugees and immigrants
- Interventions have included hospitalization, medication management, counseling
- Community based models seem to have promising results as our clinical experience has shown over the last 10 years.

Service barriers and challenges for refugees and immigrants

- Language: lack of certified medical interpreters or bilingual medical/mental health professionals
- Services: lack of facilities and lack of certified professionals trained to provide services among refugees
- Lack of awareness within the refugee communities
- Affordable and accessible care
- Cultural conflicts

The community gossip factor

- Gossip is a great problem for all cultures but uniquely so in small, uprooted refugee/immigrant communities.
- Fear of gossip leads to deliberate concealment of any negative personal messages, including medical and healthcare issues

Clinicians Best Practices

- Establish a professional relationship, high in trust with high personal outcomes.
- Acknowledge Language limitations on adequate self expression of symptoms. Utilize family support systems
- Seek collaborations and consultations with cultural and language competence in mind. Be sensitive to client's fears about community prejudice or gossip.
- Be attentive to refugee/ immigrant traditional values on the concept and experiences of good health and welnes

Desired outcome

- Increased awareness
- Increased help-seeking behaviors
- Decreased intimate partner violence within African refugee/immigrant communities.
- Increased financial, educational, physical health, emotional, and legal literacy.
- Strengthened families where mental health and general wellness are enriched.
- Stable family households are predictive of stable immigrant communities.

Conclusion

- Mental Health risk factors are culturally based but also complicated by the resettlement process challenges.
- More ethno-specific research is needed to compliment the existing body of data on mental health issues among all communities.
- Implications for Mental Health are enormous for all refugee and immigrant communities, where barriers to seeking counseling are very high.

- The use of inter-disciplinary cooperation will be crucial.

- Thanks, gracias, danken, mwebale, asante sana, hvala, ua tsaug!